

EXPO TRAVEL

EXPO TRAVEL ACCOMMODATIONS FORM

Show Name: _____

Company Name: _____ Check One: Exhibitor Attendee

Company Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax #: _____

(If applicable, please include country code and city code for telephone/fax)

Contact Person: _____ e-mail: _____

Credit Card Type: _____ Number: _____ Exp Date: _____

(Note: If using individual credit cards indicate in last column below. Credit card guarantee is necessary to process hotel reservations and issue airline tickets.)

Hotel Preference: 1st _____ 2nd _____ 3rd _____

Room Type	Names (First & Last)	Dates (Arrival/Departure)	Credit Card (Guarantee & Expiration Date)

Fax to: EXPO TRAVEL (201) 226-1236